



TELEPHONE • LONG DISTANCE • INTERNET • DIGITAL TV

Received & Inspected

JUL - 7 2015

FCC Mail Room

**REDACTED- FOR PUBLIC INSPECTION**

July 1, 2015

Marlene H. Dortch, Secretary  
Federal Communications Commission  
Office of the Secretary  
445 12th Street, S.W.  
Washington, DC 20554

**RE: Confidential Financial Information Subject to Protective Order in WC Docket Nos. 14-58, 10-90, 07-135, 05-337, 03-109, CC Docket Nos. 01-92, 96-45, GN Docket No. 09-51, WT Docket No. 10-208, Before the Federal Communications Commission**

Dear Ms. Dortch:

Calaveras Telephone Company, a privately-held rate of return carrier receiving high cost support, has electronically submitted FCC Form 481 to the Commission with redacted financial data, in compliance with 47 C.F.R. §§ 54.313 and 54.422.

As specified in the revised Protective Order issued on June 17, 2015 by the Commission, two copies of the redacted confidential information are being filed simultaneously with the non-redacted confidential information. The redacted information for this filing and each page of the file where confidential information has been omitted is marked "REDACTED - FOR PUBLIC INSPECTION".

Please contact me with any questions regarding this filing. I can be reached at 209-785-2211 or by email at [rose.cullen@caltel.com](mailto:rose.cullen@caltel.com).

Sincerely,

Rose Cullen  
Controller

Enclosures

cc/encs: Mr. Charles Tyler, Telecommunication Access Policy Division, WCB  
California Public Utilities Commission, Communications Division, ETC Section

No. of Copies rec'd 0  
List ABCDE

## FCC Form 417 Universal Service Reporting

<010> Study Area Code 542301  
 <015> Study Area Name CALAVERAS TEL CO  
 <020> Program Year 2016  
 <030> Contact Name: Person USAC should contact with questions about this data Rose Cullen  
 <035> Contact Telephone Number: 2097852211 ext.238  
 Number of the person identified in data line <030>  
 <039> Contact Email Address: rose.cullen@caltel.com  
 Email of the person identified in data line <030>

Received &amp; Inspected

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FCC Mail Room

## &lt;100&gt; Service Quality Improvement Reporting

(complete attached worksheet)

(check box when complete)

## &lt;200&gt; Outage Reporting (voice)

(complete attached worksheet)

<210> ☐ <-- check box if no outages to report

## &lt;300&gt; Unfulfilled Service Requests (voice)

0

## &lt;310&gt; Detail on Attempts (voice)

(attach descriptive document)

## &lt;320&gt; Unfulfilled Service Requests (broadband)

0

## &lt;330&gt; Detail on Attempts (broadband)

(attach descriptive document)

## &lt;400&gt; Number of Complaints per 1,000 customers (voice)

&lt;410&gt; Fixed 0.0

&lt;420&gt; Mobile 0.0

## &lt;430&gt; Number of Complaints per 1,000 customers (broadband)

&lt;440&gt; Fixed 0.0

&lt;450&gt; Mobile 0.0

## &lt;500&gt; Service Quality Standards &amp; Consumer Protection Rules Compliance

(check to indicate certification)

542301ca510.pdf

## &lt;510&gt;

(attach descriptive document)

## &lt;600&gt; Functionality in Emergency Situations

(check to indicate certification)

542301ca610.pdf

## &lt;610&gt;

(attach descriptive document)

## &lt;700&gt; Company Price Offerings (voice)

(complete attached worksheet)

## &lt;710&gt; Company Price Offerings (broadband)

(complete attached worksheet)

## &lt;800&gt; Operating Companies and Affiliates

(complete attached worksheet)

## &lt;900&gt; Tribal Land Offerings (Y/N)?

☐ ☒

(if yes, complete attached worksheet)

## &lt;1000&gt; Voice Services Rate Comparability Certification

Yes

542301ca1010.pdf

## &lt;1010&gt;

(attach descriptive document)

## &lt;1100&gt; Certify whether terrestrial backhaul options exist (Yes or No)

☒ ☐

(if not, check to indicate certification)

## &lt;1110&gt;

(complete attached worksheet)

## &lt;1200&gt; Terms and Condition for Lifeline Customers

(complete attached worksheet)

## Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

&lt;2000&gt; (check to indicate certification)

&lt;2005&gt; (complete attached worksheet)

## Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

&lt;3000&gt; (check to indicate certification)

&lt;3005&gt; (complete attached worksheet)

**(100) Service Quality Improvement Reporting  
Data Collection Form**

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

|       |   |   |
|-------|---|---|
| <010> | Study Area Code   | 542301  |
| <015> | Study Area Name   | CALAVERAS TEL CO  |
| <020> | Program Year  | 2015  |
| <030> | Contact Name - Person USAC should contact regarding this data   | Rose Cullen   |
| <035> | Contact Telephone Number - Number of person identified in data line <030>                                 | 2097852211 ext.238  |
| <039> | Contact Email Address - Email Address of person identified in data line <030>                             | rose.cullen@caltel.com  |
| <110> | Has your company received its ETC certification from the FCC?   | (yes / no) <input type="radio"/> <input checked="" type="radio"/> |
| <111> | If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC? | (yes / no) <input type="radio"/> <input type="radio"/>            |

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

- <112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

542301cal112 .pdf, 542301cal112-map.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets  
 <114> Report how much universal service (USF) support was received  
 <115> How much (USF) was used to improve service quality and how support was used to improve service quality  
 <116> How much (USF) was used to improve service coverage and how support was used to improve service coverage  
 <117> How much (USF) was used to improve service capacity and how support was used to improve service capacity  
 <118> Provide an explanation of network improvement targets not met in the prior calendar year.

|     |
|-----|
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |
| Yes |



(200) Service Outage Reporting (Voice)  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

|       |   |                        |
|-------|---|------------------------|
| <010> | Study Area Code   | 542301                 |
| <015> | Study Area Name   | CALAVERAS TEL CO       |
| <020> | Program Year  | 2016                   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Rose Cullen            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2097852211 ext.238     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rose.cullen@caltel.com |

[illegible]



|       |   |                        |
|-------|---|------------------------|
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| <015> | Study Area Name   | CALAVERAS TEL CO       |
| <020> | Program Year  | 2016                   |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | rose.cullen@caltel.com |

[illegible]

1999 Operations Manual  
Data Collection Manual  
July 2000

|       |   |                        |
|-------|---|------------------------|
| <010> | Study Area Code   | 542301                 |
| <015> | Study Area Name   | CALAVERAS TEL CO       |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | rose.cullen@caltel.com |

|       |                   |                                  |
|-------|-------------------|----------------------------------|
| <810> | Reporting Carrier | Calaveras Telephone Company      |
| <811> | Holding Company   | Calaveras Communications Company |
| <812> | Operating Company | Calaveras Telephone Company      |

| <813> <a1> | <812> <a2> | <813> <a3>                                     |
|------------|------------|--|
| Affiliates | SAC        | Doing Business As Company or Brand Designation |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | rose.cullen@caltel.com |

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).



|  |  |
|--|--|
| 1200-Annual Condition for Lifeline Customers |  |
| Data Collection Form                         |  |

|       |   |                        |
|-------|---|------------------------|
| <010> | Study Area Code   | 542301                 |
| <015> | Study Area Name   | CALAVERAS TEL CO       |
| <020> | Program Year  | 2016                   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Rose Cullen            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2097852211 ext.238     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rose.cullen@caltel.com |

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

SCHA23\_334.pdf

Name of Attached Document

<1220> Link to Public Website

HTTP [http://www.caltelconnect.com/telephone/california\\_lifeline](http://www.caltelconnect.com/telephone/california_lifeline)

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

- |  |                                     |
|--|-------------------------------------|
| <1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | <input checked="" type="checkbox"/> |
| <1222> Details on the number of minutes provided as part of the plan,  | <input checked="" type="checkbox"/> |
| <1223> Additional charges for toll calls, and rates for each such plan.  | <input checked="" type="checkbox"/> |

|  |               |
|--|---------------|
| Price Cap Carrier Receiving Frozen Support Certification | Form 3000-001 |
|--|---------------|

|       |   |                        |
|-------|---|------------------------|
| <010> | Study Area Code   | 542301                 |
| <015> | Study Area Name   | CALAVERAS TEL CO       |
| <020> | Program Year  | 2016                   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Rose Cullen            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2097632211 ext. 236    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rose.cullen@caltel.com |

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

**Incremental Connect America Phase I reporting**

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)i)  
 <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)ii)  
 <2011b> Attachment (47 CFR § 54.313(b)(1)ii)

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Name of Attached Document(s) Listing Required Information

**Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))**

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))  
 <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))  
 <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))  
 <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

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**Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))**

- <2016> Certification Support Used to Build Broadband

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**Connect America Phase II Reporting (47 CFR § 54.313(e))**

- <2017> 3rd year Broadband Service Certification  
 <2018> 5th year Broadband Service Certification  
 <2019> Interim Progress Certification  
 <2020> Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

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- <2021> Interim Progress Community Anchor Institutions

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Name of Attached Document(s) Listing Required Information

|       |   |                        |
|-------|---|------------------------|
| <010> | Study Area Code   | 542301                 |
| <015> | Study Area Name   | CALAVERAS TEL CO       |
| <020> | Program Year  | 2016                   |
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| <039> | Contact Email Address - Email Address of person identified in data line <030> | rose.cullen@caltel.com |

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

- (3010) Progress Report on 5 Year Plan  
Milestone Certification (47 CFR § 54.313(f)(1)(i))

542301ca3010.pdf

Name of Attached Document Listing Required Information

- (3011) Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

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- (3012) Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))

Name of Attached Document Listing Required Information

- (3013) Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))  
(3014) If yes, does your company file the RUS annual report

(Yes/No)  
(Yes/No)

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Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

- (3015) Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)  
(3016) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

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- (3017) If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

542301ca3017.pdf

Name of Attached Document Listing Required Information

- (3018) If the response is no on line 3014, is your company audited?

(Yes/No)

☐ ☐

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

- (3019) Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications  
(3020) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows  
(3021) Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit

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If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

- (3022) Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,  
(3023) Underlying information subjected to a review by an independent certified public accountant  
(3024) Underlying information subjected to an officer certification.  
(3025) Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

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- (3026) Attach the worksheet listing required information

Name of Attached Document Listing Required Information



|       |   |                        |
|-------|---|------------------------|
| <010> | Study Area Code   | 542301                 |
| <015> | Study Area Name   | CALAVERAS TEL CO       |
| <020> | Program Year  | 2016                   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Rose Cullen            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2097852211 ext. 238    |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rose.cullen@caltel.com |

#### Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends

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REDACTED - FOR PUBLIC INSPECTION



Data Collection: 2015  
 Data Collection: 2015

|       |   |                        |
|-------|---|------------------------|
| <010> | Study Area Code   | 542301                 |
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**TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:**

|  |  |
|--|--|
| <p align="center"><b>Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients</b></p>  |  |
| <p>I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.</p> |  |
| <p>Name of Reporting Carrier: CALAVERAS TEL CO</p>   |  |
| <p>Signature of Authorized Officer: CERTIFIED ONLINE</p>   | <p>Date 07/01/2015</p>                           |
| <p>Printed name of Authorized Officer: James Tower</p>   |  |
| <p>Title or position of Authorized Officer: President</p>  |  |
| <p>Telephone number of Authorized Officer: 2097852211 ext.</p>   |  |
| <p>Study Area Code of Reporting Carrier: 542301</p>  | <p>Filing Due Date for this form: 07/01/2015</p> |
| <p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>  |  |

| Certification Agent Data<br>Data Collection Form                                    |                        | Form CUB Form No. 3050-0819 |
|---|------------------------|-----------------------------|
| <010> Study Area Code   | 542301                 |                             |
| <015> Study Area Name   | CALAVERAS TEL CO       |                             |
| <020> Program Year  | 2016                   |                             |
| <030> Contact Name - Person USAC should contact regarding this data                 | Rose Cullen            |                             |
| <035> Contact Telephone Number - Number of person identified in data line <030>     | 2097852211 ext. 238    |                             |
| <039> Contact Email Address - Email Address of person identified in data line <030> | rose.cullen@caltel.com |                             |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  |                                      |
|--|--------------------------------------|
| I certify that (Name of Agent) _____ is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate. |                                      |
| Name of Authorized Agent: _____  |                                      |
| Name of Reporting Carrier: _____   |                                      |
| Signature of Authorized Officer: _____   | Date: _____                          |
| Printed name of Authorized Officer: _____  |                                      |
| Title or position of Authorized Officer: _____   |                                      |
| Telephone number of Authorized Officer: _____  |                                      |
| Study Area Code of Reporting Carrier: _____  | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                      |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier   |                                      |
|--|--------------------------------------|
| I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate. |                                      |
| Name of Reporting Carrier: _____   |                                      |
| Name of Authorized Agent or Employee of Agent: _____   |                                      |
| Signature of Authorized Agent or Employee of Agent: _____  | Date: _____                          |
| Printed name of Authorized Agent or Employee of Agent: _____   |                                      |
| Title or position of Authorized Agent or Employee of Agent: _____  |                                      |
| Telephone number of Authorized Agent or Employee of Agent: _____   |                                      |
| Study Area Code of Reporting Carrier: _____  | Filing Due Date for this form: _____ |
| Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.   |                                      |

## Attachments

**Calaveras Telephone Company**  
**Annual 54.313 Report of High-Cost Recipient**  
**54.202(a)(1)(ii)**

**Five-Year Plan Progress Report**

**REDACTED – FOR PUBLIC INSPECTION**



(200) Service Outage Reporting (Voice)  
Data Collection Form

FCC Form 481  
OMB Control No. 3060-0986/OMB Control No. 3060-0819  
July 2013

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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| <039> | Contact Email Address - Email Address of person identified in data line <030> | rose.cullen@caltel.com |

&lt;220&gt;

| <u>(a)</u> | <u>(b1)</u> | <u>(b2)</u> | <u>(b3)</u> | <u>(b4)</u> | <u>(c1)</u> | <u>(c2)</u> | <u>(d)</u> | <u>(e)</u> | <u>(f)</u> | <u>(g)</u> | <u>(h)</u> |
|------------|-------------|-------------|-------------|-------------|-------------|-------------|------------|------------|------------|------------|------------|
|------------|-------------|-------------|-------------|-------------|-------------|-------------|------------|------------|------------|------------|------------|

[illegible]

FCC Form 481  
Line 610

Calaveras Telephone Company  
SA 542301  
Annual 54.313 Reporting for High-Cost Recipients  
54.313 (a)(6) Certification  
Functionality in Emergency Situations

The following provides information that Calaveras Telephone Company is able to function in emergency situations as set forth in 54.202 (a)(2).

Calaveras Telephone Company has a reasonable amount of back-up power to ensure functionality without an external power source in the event of an emergency situation. Calaveras utilizes multiple back-up power sources including 8-hour battery backups, multiple mobile generators, and multiple fixed generators. Calaveras retains sufficient fuel onsite to operate the generators for long periods of time in the event of a major power outage.

Calaveras Telephone Company is able to reroute traffic around damaged facilities using redundant voice and data routes. Redundant and alternate facilities that Calaveras has in place ensure that Calaveras is capable of managing traffic spikes resulting from emergency situations.

|       |  |          |
|-------|--|----------|
| <701> | Residential Local Service Charge Effective Date    | 1/1/2015 |
| <702> | Single State-wide Residential Local Service Charge |          |

[illegible]





|       |   |                        |
|-------|---|------------------------|
| <010> | Study Area Code   | 542301                 |
| <015> | Study Area Name   | CALAVERAS TEL CO       |
| <020> | Program Year  | 2016                   |
| <030> | Contact Name - Person USAC should contact regarding this data                 | Rose Cullen            |
| <035> | Contact Telephone Number - Number of person identified in data line <030>     | 2097852211 ext.238     |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | rose.cullen@caltel.com |

|       |                   |                                  |
|-------|-------------------|----------------------------------|
| <810> | Reporting Carrier | Calaveras Telephone Company      |
| <811> | Holding Company   | Calaveras Communications Company |
| <812> | Operating Company | Calaveras Telephone Company      |

<813>

[illegible]

FCC Form 481  
Line 1010

Calaveras Telephone Company

SA 542301

Annual 54.313 Reporting for High-Cost Recipients

54.313 (a)(10) Certification

Voice Services Rate Comparability Certification

Pursuant to 47 C.F.R. § 54.313 (a) (10), Calaveras Telephone Company certifies that it is in compliance with the requirement that its rate for voice services is no more than two standard deviations above the national average urban rate for voice service of \$47.48, as specified in Public Notice DA 15-470 issued on April 16, 2015. Calaveras Telephone Company's current rate for voice service is \$21.22 (local rate is \$20.25 and state-mandated surcharges is \$0.97), and therefore, is not more than two standard deviations above the national average urban rate.

FCC Form 481  
Line 3010

Calaveras Telephone Company  
SA 542301  
Annual 54.313 Reporting for High-Cost Recipients  
54.313 (f)(2) Certification  
Progress Report on 5 Year Plan – Milestone Certification

Pursuant to 47 C.F.R. § 54.202(a) Calaveras Telephone Company certifies that it has taken and continues to take reasonable steps to provide upon reasonable request broadband speeds of at least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to offerings in urban areas as determined in an annual survey as specified in Public Notice DA 15-470, and that requests for such service are met within a reasonable amount of time.